PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notifical	d below or directed oth	ig the Patent, advance or serwise in Block 1, by (a	ders and notification of n) specifying a new corres	naintenance fees wi pondence address;	ill be mailed to the current and/or (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				s) Transmittal, This ers. Each additional	nailing can only be used for certificate cannot be used for paper, such as an assignmen of mailing or transmission.	or any other accompanying	
22500 BAE SYSTEM PO BOX 868 NASHUA, NH (/2009		Cert	ificate of Mailing or Transis 5 Fee(s) Transmittal is being tith sufficient postage for firs Stop ISSUE FEE address O (571) 273-2885, on the di	nission deposited with the United t class mail in an envelope above, or being facsimile at indicated below.	
						(Depositor's name)	
						(Signature)	
			<u> </u>			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/530,160	10/530,160 09/22/2005		Matthew J. Thiele	20020026		7511	
TITLE OF INVENTION	RECONFIGURABLE		FERCONNECT FABRIC				
APPLN. TÝPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV, PAID ISSUE		DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/01/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
JUNG, MIN		2416	370-380000				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF CORRESPONDENCE DATA TO BE PRINTE			or agents OR, alternative (2) the name of a single registered attorney or a 2 registered patent attornative (insted, no name will be	s of up to 3 registered patent attorneys alternatively. of a single firm (having as a member a omey or agent) and the names of up to atent attorneys or agents. If no name is se will be printed.			
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSI	less an assignee is ident h in 37 CFR 3.11. Com GNEE	ified below, no assignee pletion of this form is NO		atent. If an assigne assignment. and STATE OR O			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🛛 Co	rporation or other private gro	oup entity Government	
	are submitted: No small entity discount # of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 190130 (enclose an extra copy of this form).				
	is SMALL ENTITY stati	as. See 37 CFR 1.27.			L ENTITY status, See 37 Cl		
interest as shown by the	records of the United Sta	ites Patent and Trademark	Office.		orienta ministra de la magazina por es-		
Authorized Signature Daniel J. Long				***************************************	7 17, 2009		
					o. 29 , 404		
This collection of inform an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, Valexandria, Valexandria, Virolnia 22	d application form to the form to the form for reducing this but triginia 22313-1450. DC	FR 1.311. The information of U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the DNOT SEND FEES OR	on is required to obtain or (1.14. This collection is est depending upon the indiving the Chief Information Office COMPLETED FORMS TO	retain a benefit by the timated to take 12 n vidual case. Any cover, U.S. Patent and OTHIS ADDRESS	ne public which is to file (and ninutes to complete, includin mments on the amount of the Trademark Office, U.S. Dept SEND TO: Commissioner	t by the USPTO to process) g gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE